



MARICOPA COUNTY ENVIRONMENTAL SERVICES DEPARTMENT
AIR QUALITY DIVISION
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INTERNET COPY

SUPPLEMENTARY INFORMATION TO SUPPORT APPLICATION FOR NON-TITLE V AIR QUALITY PERMIT

(AS REQUIRED BY A.R.S. §49-480 AND MARICOPA COUNTY AIR POLLUTION CONTROL REGULATIONS, RULE 220, SECTION 305)

INSTRUCTIONS

Use this form to identify specific air pollutants for which voluntary emission limitations are being proposed as allowed under the provisions of Maricopa County Air Pollution Control Regulations, Rule 220, §305. Use this form only if both of the following conditions apply: (i) the source may be subject to the Title V permitting requirements because it has the potential to emit one or more air pollutant(s) above the threshold levels; and (ii) the source voluntarily proposes and accepts in its permit emission limitations, controls or other requirements that are permanent, quantifiable, and otherwise enforceable as a practical matter in order to avoid classification as a source that requires a title v permit. The source thus chooses to become a "synthetic minor" source.

1. BUSINESS NAME: _____	
2. ADDRESS OF SITE _____ (STREET)	
(CITY)	AZ ZIP CODE
3. CONTACT AT SITE	TELEPHONE AT SITE:
4. EXISTING AIR QUALITY PERMIT NUMBER FOR THIS SITE, IF ANY:	
5. LEGAL NAME OF OWNER CORPORATION, AND MAILING ADDRESS:	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP CODE _____
TELEPHONE NUMBER:	FAX NUMBER:
6. CONTACT PERSON OF OWNER CORPORATION:	
7. LIST EACH AIR POLLUTANT FOR WHICH "SYNTHETIC MINOR" STATUS IS BEING PROPOSED:	
AIR POLLUTANT	EMISSION LIMITATIONS IN TONS PER YEAR
_____	_____
_____	_____
_____	_____
_____	_____

8. DESCRIBE THE PROCESS ASSOCIATED WITH EACH OF THE ABOVE AIR POLLUTANTS. ATTACH A FLOW DIAGRAM FOR EACH PROCESS. DESCRIBE THE OPERATING PARAMETERS. PROVIDE MAKE, MODEL NUMBER, PROJECTED CONTROL EFFICIENCY AND DESCRIPTION OF EACH CONTROL. EXPLAIN HOW RECORDS OF EMISSIONS AND OPERATING PARAMETERS WILL BE MAINTAINED. ATTACH A MONITORING PROGRAM WHICH WILL BE FOLLOWED TO DEMONSTRATE CONTINUING COMPLIANCE WITH VOLUNTARILY ACCEPTED EMISSION LIMITATIONS.

9. I CERTIFY THAT I AM THE RESPONSIBLE OFFICIAL FOR THE ABOVE FACILITY. I FURTHER CERTIFY THAT BASED ON INFORMATION PROVIDED ABOVE AND IN ATTACHMENTS, AND A BELIEF FORMED AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND INFORMATION IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

DATE _____

SIGNATURE _____

TYPE OR PRINT NAME AND TITLE _____